

SCSU Veterans Enrollment Application  
**INTERSESSION AND SUMMER SESSIONS**

Records and Registration Office - AS-118- Phone 320-308-4040 – Fax: 320-308-2059  
720 4<sup>th</sup> Ave. S. – St. Cloud MN 56301-4498  
Email: veterans@stcloudstate.edu

**Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name** \_\_\_\_\_  
(Please Print) (Last) (First) (Middle) (Previous)

**Your Current Mailing Address:** \_\_\_\_\_  
(Street) (Apt. No.)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**(Area Code)Tele. No.:** (\_\_\_\_)\_\_\_\_\_-\_\_\_\_-\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**What is your Intended Major Program?** \_\_\_\_\_ **Degree?** (BS, BA, etc.)\_\_\_\_\_

**Which VA education assistance program are you eligible for?** (Place a check mark by one of the following):

\_\_\_\_ GI Bill -- CH. 30 - Active Duty – (2 plus years)      \_\_\_\_ Survivors & Dependents (CH. 35)  
\_\_\_\_ GI Bill -- CH. 1606 - Nat'l. Guard or Reserves      CH. 35 File Number \_\_\_\_\_  
\_\_\_\_ GI Bill -- CH. 1607 - Guard/Reserve (Active Duty)      \_\_\_\_ Vocational Rehabilitation (Chapter 31)

**Have you used VA education benefits before?** (Check one)

\_\_\_\_ Yes, at SCSU      \_\_\_\_ NO      \_\_\_\_ Yes, at a different school \_\_\_\_\_  
(Name of school)\*

If yes, at a different school, you need to complete VA Form 22-1995, "Change of Program or Place of Training." Failure to do so may delay your benefits.

**Have you arranged for direct deposit of your GI Bill payments?** \_\_\_\_ Yes \_\_\_\_ No  
(For Ch. 30, Ch. 1607, Ch. 1606 only, call: 1-877-838-2778 with your account number and bank routing number).

**Are you repeating a class(es) you previously passed with a D- or better while receiving GI Bill benefits?** \_\_\_\_\_. If yes, please list dept. and class no. (example, ENGL 191) \_\_\_\_\_

**Interession:** ( May 18, 2009 - June 05, 2009) . . . . . **Number of Credit Hours I will take:** \_\_\_\_\_.

**1<sup>st</sup> Summer Session** (June 08, 2009 to July 10, 2009). . . . . **Number of Credit Hours I will take:** \_\_\_\_\_.

**2<sup>nd</sup> Summer Session** (July 13, 2009 to August 13, 2009) . . . . . **Number of Credit Hours I will take:** \_\_\_\_\_.

**Full Term or On-line** (June 08, 2009 to August 13, 2009) . . . . . **Number of Credit Hours I will take:** \_\_\_\_\_.

**\*\*I hereby acknowledge that I will notify the SCSU Veterans Education Office immediately of any change in my stated credit hours AND/OR of any classes I am re-taking in which I previously received a passing grade (D- or better).\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VAF-001  
Rev. 01-09